

EXHIBIT "P" - Remediation Agreement

Attachment 3

January 10, 2017

Re: Joe Papin MD

Joe,

Concerns have been raised about your performance in several competency domains. Many of these relate to professionalism and systems based practice issues and raise concerns for patient safety. On several rotations now, in various environments to include ICU, trauma, CT surgery floor and transplant. Through each of these environments common themes through evaluations and comments have been consistent. These include concerns with:

- 1) Lying and being untruthful about patient care.
- 2) Leaving the hospital during duty hours (to exercise) – dereliction of duty
- 3) Unwillingness to help with tasks
- 4) Condescending tone to nurses and fellow residents
- 5) Poor inter-professional communication

These concerns are reflected in your Milestones as determined by the CCC with critical deficiencies in SBP1, SBP2, PBLI3, and PROF1.

On Tuesday, December 20, 2016 we met (with Renee Greene present) and discussed these issues. This is in addition to several other meetings (including but not limited to semiannual review, feedback from senior residents, and a meeting in late November you and I had outside OR 16). You were told that significant improvement in these areas must be demonstrated in the very near future or we would have to implement formal remediation. Based on feedback received (see attached documents) after our December 20, 2016 meeting it is evident that no improvement has been made and, most concerning, that we may have serious issues with truthfulness. Therefore, as we discussed, you are now on formal remediation and have 60 days from today January 10, 2017 to show significant improvement in the areas and competency domains mentioned above. Significant improvement means:

- 1) zero confirmed or highly suspicious reports of lying
- 2) zero episodes of dereliction of duty
- 3) improvement in evaluations mapped to the competencies of SBP, PBLI and PROF, and the majority of all evaluation questions be >3 (as expected).
- 4) Zero reports of unwillingness to complete a task unless concerns over patient safety are raised

Additional requirements:

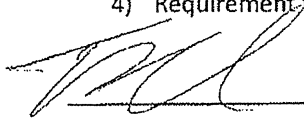
- 1) Development and submission of a Personal Study and Action Plan by Jan 17, 2017
- 2) Bimonthly meetings with the PD to discuss progress and review feedback.

Available resources, if desired:


- 1) Meet with Senior Associate Dean for GME
- 2) Meet with office of Academic Development

Many of the above behaviors are serious threats to patient safety and therefore grounds for immediate action. If the improvements required above as determined by the PD are not met within the 60 day remediation period OR any event that seriously threatens patient safety occurs during the remediation period, then any of the following may be implemented, again, at the discretion of the program director:

- 1) Referral to HR and GME Office for immediate termination for safety infractions deemed egregious by the PD.
- 2) Non-renewal of contract
- 3) Placement on formal probation
- 4) Requirement to repeat year of training



Program Director Date 1/10/17



Resident Date 1/10/17